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## APPLICANTS

Lee Olech, Rodeo, CA;

\*\* CONTINUING DATA \*\*\*\*\*

None JS

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None JS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 1	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Metafter Allowance	Verified and Acknowledged Examiner's Signature	Initials		

## ADDRESS

20350  
 TOWNSEND AND TOWNSEND AND CREW, LLP  
 TWO EMBARCADERO CENTER  
 EIGHTH FLOOR  
 SAN FRANCISCO , CA  
 94111-3834

## TITLE

Carrier ampholytes of high pH range

FILING FEE  RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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